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PTO/SB/21 (04-04)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/789,952
	Filing Date	February 27, 2004
	First Named Inventor	Robert L. McMahan
	Art Unit	3673
	Examiner Name	Alexander Grosz
Total Number of Pages in This Submission	Attorney Docket Number	2197-040452

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks:		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	William H. Logsdon The Webb Law Firm, P.C.	
Signature	<i>William H. Logsdon</i>	
Date	October 31, 2005	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Christine A. Canavan		
Signature	<i>Christine A. Canavan</i>	Date	October 31, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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{W0225543.1}

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Effective on 12/08/2004. Prescribed by the Consolidated Appropriations Act, 2005 (H.R. 4818)		<b>Complete if Known</b>	
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: radial-gradient(circle, transparent 1%, black 1%); background-size: 4px 4px;"></div> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: radial-gradient(circle, transparent 1%, black 1%); background-size: 4px 4px;"></div> </div> <p style="font-size: 24px; font-weight: bold; margin: 0;">FEE TRANSMITTAL</p> <p style="font-size: 18px; font-weight: bold; margin: 0;">For FY 2005</p> <p style="font-size: 12px; margin: 0;">NOV 02 2005</p>		Application Number	10/789,952
		Filing Date	February 27, 2004
		First Named Inventor	Robert L. McMahan
		Examiner Name	Alexander Grosz
		Art Unit	3673
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	2197-040452
<b>TOTAL AMOUNT OF PAYMENT</b> (\$225.00)			

**METHOD OF PAYMENT (check all that apply)**

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	Fee (\$)	Fee Paid (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	
Multiple dependent claims	360	180	

  

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
10	- 20 or HP = - 0 -	X	=			
HP = highest number of total claims paid for, if greater than 20						

  

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP = - 0 -	X	=
HP = highest number of independent claims paid for, if greater than 3			

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number)	x _____	= _____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Two-Month Extension of Time

**Fee Paid (\$)**

\_\_\_\_\_

**\$225.00**

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	22,132	Telephone	412-471-8815
Name (Print/Type)	William H. Logsdon	Date	October 31, 2005		

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